



HANDOUTS

Long-Term Care System Task Force

September 16, 2004

**Iowa Finance Authority Long-Term Care Housing Materials
Provided by Iowa Finance Authority**

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Housing's Role in the Vision for Long Term Care in Iowa

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Iowa Finance Authority

Iowa Finance Authority

- **Guiding principles established by statute (16.4) give preference to programs that:**
 - Treat housing problems in the context of the total needs of individuals and communities, recognizing that individuals may have other problems and needs closely related to their need for adequate housing
 - Are designed to serve elderly families, families which include one or more persons with disabilities, lower income families, or very low income families

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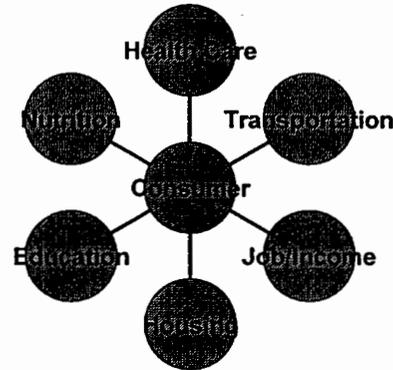
- Participates in the process to create housing policy and strategy
- Looks for new and innovative ways to address the housing issues that the private market is unwilling or unable to address

Where is home-based care delivered?

- In Iowa, we take for granted that a person has a place to live
- Is the available housing safe? Adequate? Affordable? Accessible?

Without a home . . .

Any citizen would have a difficult time obtaining education, income, nutrition, health care or transportation



Housing Policy

- Enough housing: new development of the right kind of housing using private and public investment
- Access to existing housing: rent subsidy
- Maintaining or modifying existing residences to accommodate needs
- Adequate supports for people living in the community

**Safe, adequate, affordable
Housing
should be a piece of the
Iowa's Vision for
Long Term Care**

IFA Identified Need through:

- *Iowa Plan for Community Development* developed by the Olmstead Real Choices Consumer Task Force identified housing as a priority
- *2002 Housing Study* by Dr. Heather McDonald provided statistical evidence of need (University of Iowa)

Key Findings of *Housing Study*

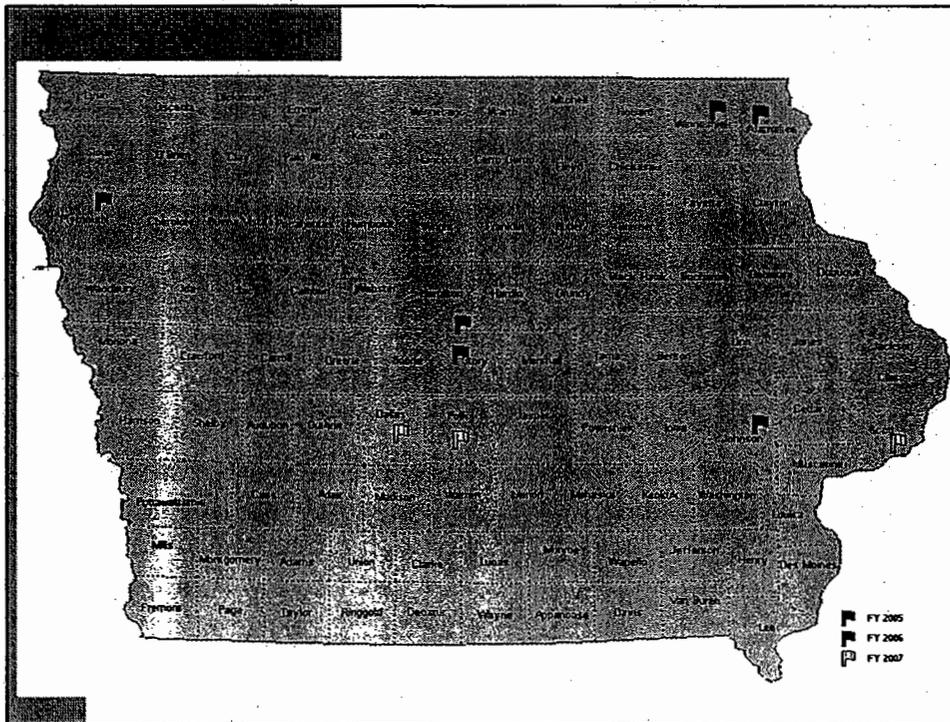
- 36.6% of people with disabilities between age 16 and 64 are not employed
- Majority of non elderly individuals with disabilities and no employment are renters
- Annual income from Supplemental Security Income is \$6,162
- A household paying 30% of their income in rent can afford to rent a home for \$150 or less

Affordable Assisted Living Efforts

- The Robert Wood Johnson Foundation “Coming Home” grant
- Addressed barriers to making affordable assisted living a reality
- Target population: Medicaid eligible seniors with monthly incomes between \$564 and \$900

Affordable Assisted Living Efforts

- Emerson Point Affordable Assisted Living; 54 1-bedroom apartments in Iowa City; between 50 and 75% of tenants receive some type of Medicaid assistance (regular Title 19 and/or waiver)
- New projects in LeMars, Ames, Davenport, Adel, and 2 in Des Moines
- HUD conversions Story City, Decorah & Waukon



**Emerson Point Assisted Living,
Iowa City**



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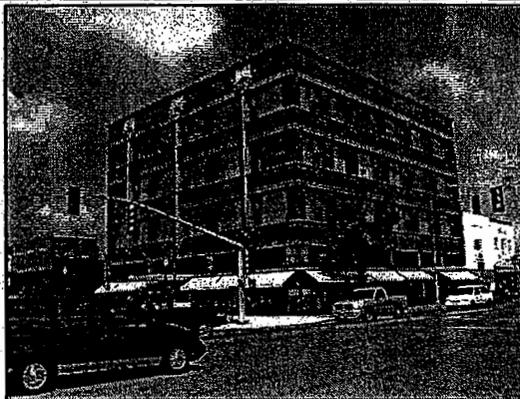
Marycrest Assisted Living, Davenport



Governor Thomas Vilsack

- Executive Order No. 27
- "Develop or preserve 1,000 independent living units in communities across Iowa to ensure that people with disabilities have access to housing in their communities."

Van Allen Building, Clinton



Lincoln Ridge Apartments, Keokuk



Lt. Governor's Summit on Housing for People with Disabilities

- First one held on March 27, 2003
- Second scheduled for October 7, 2004
- Brought together 75 stakeholders representing housing development, health care services, employment, transportation, construction, finance and local, state and federal government

Iowa Housing Action Plan

- Empowerment/Consumer Education,
- Affordable Rental Options,
- Homeownership,
- Building Relationships between Housing Agencies and Service Agencies, and
- Universal Design/Accessibility/Home Modifications

What IFA can do

- Provide technical assistance for affordable, accessible housing through a collaborative effort with the private and public sector
- Influence the type and design of housing development
- Redirect our existing resources and apply them to the highest priority needs (\$5 million annually targeted for affordable assisted living; \$15 million annually targeted for service-enriched housing for people with disabilities)

What IFA has done

- Approached DHS with a proposal to assist with their mandate to reduce the number of persons served in state resource centers and ICF/MRs by improving access to community-based services
- Surveyed Public Housing Authorities to develop a clear picture of how Housing Choice Vouchers are administered for people with disabilities

What IFA has done

- Awarded a \$150,000 three-year capacity building grant
- First-time homeownership program accepts Section 8 vouchers for homeownership
- Administer the Home and Community based Rent Subsidy Program for Medicaid waiver eligible consumers, on behalf of DHS

What IFA has done

- Provided matching funds in order to receive a grant award totaling \$1.6 million from U.S. Department of Education to establish low-interest loan programs through the Iowa Able Foundation:

- Alternative Financing Program - *revert home*
- Telework Program - *free to work from home*

What IFA has done

- Established two NEW loan programs
- Senate File 2298, Sections 170 and 171, establish the revolving loan funds to promote alternatives to nursing facility
- Supports the goals of the Senior Living Trust Fund
 - Senior Living Revolving Loan Fund
 - HCBS Revolving Loan Fund

What IFA has done

- Submitted application for CMS Real Choices Systems Change grant, "Integrating Long Term Supports with Affordable Housing"
- 3-year grant; \$1,000,000
- Awards announced October 2004

Resources

- Iowa Finance Authority
www.ifahome.com
- Carla Pope, Service Enriched Housing Director; 515/242-4846;
carla.pope@ifa.state.ia.us

Affordable Assisted Living: A Demand Without a Supply

A large and growing number of seniors will face triple jeopardy: inadequate income, declining health and mobility, and growing isolation. For some, family supports disappear when they outlive spouses or when children move to a distant place. For others, old age is a time of discovering that, with declining or fixed income, they are simply unable to purchase the goods and services they need.

For those fortunate enough to have caring families nearby, their caregivers may face more stress than they can endure. When family, friends, or caregivers search for help, they often encounter confusing requirements and eligibility standards as well as exorbitant costs. Those in rural areas face a dearth of available services.

The result of this could be a substantial increase in costly and premature institutionalization of older people. Nursing facilities should be places that care for the very ill; not the only alternative for people who cannot afford to live elsewhere.¹

Defining Affordable Assisted Living

Affordable assisted living in its simplest terms is what people can afford. In Iowa, over fifty percent of the elderly cannot afford what is currently available on the assisted living market. A study completed in May 2001 for the Iowa Finance Authority showed that the average monthly costs ranged between \$1472 and \$2517.² Another indicator of affordability is the percentage of a person's income that is used to purchase rent and utilities. No more than 30 percent of a person's income should apply to a person's housing costs to be considered "affordable."

The Iowa Coming Home program is dedicated to promote the availability of assisted living options for people with incomes at or below 50 percent of area median income. Fifty percent of area median income ranges from \$17,300 to 23,550 in Iowa³. However, one in four Iowans age 75 and older have monthly income at or below \$884.⁴

Because the Medicaid waiver program pays for the costs of personal and medical services only, the cost of rent and board are paid by the tenant. Market rate assisted living programs rarely have rent and board rates below \$800. They were not purpose-built as affordable properties and therefore have capital and staffing costs that significantly exceed this amount.

¹ A Quiet Crisis in America, Report to Congress by the Commission on Affordable Housing and Health Facility Needs for Seniors in the 21st Century, June 30, 2002

² Amounts self-reported. Averages based on efficiencies, 1-bedroom and 2-bedroom units. Rents may not include any type of minimal medical care.

³ U.S. Department of Housing and Urban Development

⁴ 2000 U.S. Census Bureau

The Coming Home Program evaluated the need for affordable assisted living for all 99 counties in Iowa. We looked at the current population and projected growth, especially for those people 75 years and older. We looked at this population specifically because when we look at the existing tenants in assisted living programs, they are primarily in their late 70s, 80s and 90s. People age 75+ are more likely to need assistance with activities of daily living such as grooming, bathing, dressing, and medication administration.

Of those people who need this type of assistance some will receive that assistance in their own home, usually with the informal support of family and friends. Others will need the licensed nursing services provided in a nursing home. Assisted living supports those who have a manageable, but chronic health condition. We made a conservative estimate that of people age 75+, five percent (5%) would want to move to an assisted living apartment and receive assisted living services. **Based on this estimate of five percent, Iowa needs 3662 additional units of affordable assisted living to meet the current market demand.**⁵ The demand for affordable assisted living is projected to increase by ten percent (10%) by 2011.

Although the greatest need is for those at or below 50 percent area median income, we can not forget those people who have moderate incomes – too great to apply for subsidized housing yet too little to afford market rate assisted living in their community. Without some type of subsidy from the State or Federal government, this senior will likely move from their home to a nursing facility, quickly going through their existing resources until he or she qualifies for Medicaid Title XIX. Assisted living was not an option.

The Coming Home Program

The State of Iowa was selected by the Robert Wood Johnson Foundation in February 2000 to receive a Coming Home grant. Initially located in the Department of Elder Affairs, the Coming Home program was moved by the RWJ Foundation to the Iowa Finance Authority on July 1, 2002. The grant provides funds through April 2003. The Coming Home Program has three components:

1. Technical assistance is provided to developers and service providers to create demonstrations of affordable assisted living;
2. Public policies are analyzed and suggestions are made on how the State and Federal government can support the growth of affordable assisted living.
3. A revolving loan fund provides for both feasibility assessment and predevelopment capital for nonprofit sponsors of affordable assisted living for low-income seniors.

The Coming Home Task Force provides oversight and assistance to the Coming Home Program. The following organizations are represented on the task force: Iowa Finance

⁵ Five percent estimate is derived from "Assisted Living Program Demand Potential and Need Profiles" established for 99 counties. Profiles are available at www.state.ia.us/elderaffairs/services.aalprofiles.html. This estimate takes into account the Iowa Senior Living Trust grant-funded assisted living programs and the Coming Home demonstrations scheduled to be available in the next 12-24 months.

Authority, Housing and Urban Development, USDA-Rural Development, Departments of Human Services, Public Health, Elder Affairs, and Inspections and Appeals, AARP, Iowa Center for Assisted Living, Iowa Association of Homes and Services for the Aging, Iowa Assisted Living Association, and Heartland Properties. By bringing together the expertise of housing and service funding agencies, we are better able to overcome the regulatory intricacies of multiple programs. Although housing and service funders have differing programs and vocabulary, working together to meet the needs of the frail elderly have provided new opportunities to collaborate and find innovative solutions.

How to Develop Affordable Assisted Living

The most intuitive way of providing affordable assisted living is to partner the expertise of a subsidized housing developer and manager with an experienced Medicaid-certified health care entity, such as a home care agency, hospital or nursing facility. These arrangements allow for each partner to comply with their funding source's requirements, without needing to become experts in health care, in the case of the housing provider, or housing, in the case of the service provider.

The needs of the assisted living tenant can further be met by a case manager that can assist in the application process for subsidies while providing oversight of service delivery. Funding of programs, like the Case Management Program for the Frail Elderly (CMPFE), allow seniors to access more federally-funded programs like Section 8 rental assistance, food stamps, and the Medicaid waiver program (state/federal match).

Subsidies Used to Fund Affordable Assisted Living

Assisted living is an apartment with services delivered to the tenants in an organized and regulated fashion. Think of assisted living as "home health care plus," instead of "nursing home light." A variety of government subsidies can be combined to make assisted living affordable. Because each subsidy focuses on a specific segment of assisted living, developers look at three different categories in the planning and operations: rent, board and services.

Rent	Board	Services
<i>Development sources⁶:</i> Low Income Housing Tax Credits HUD grants, direct and guaranteed loans USDA-RD grants, direct and guaranteed loans Federal Home Loan Bank affordable housing program HOME funds Senior Living Program grants (pending legislative approval of funds) Conventional loans	<i>Development Sources:</i> Grants from private foundations	<i>Development Sources:</i> Senior Living Program grants (pending legislative approval of funds)
<i>Operational sources:</i> Tenant Section 8 Rental Assistance USDA-RD Project-based Rental Assistance DHS Rent Subsidy Program	<i>Operational sources:</i> Tenant Older Americans Act (congregate meal program) Food Stamps	<i>Operational sources:</i> Tenant Medicaid Waiver Medicaid Title XIX Medicare In-Home Health Related Care Long Term Care Insurance

Reduce Capital Costs

The most significant obstacle to providing affordable assisted living is to find ways to make the costs of rent and board affordable to low income Iowans. Reducing the cost of capital by using equity sources, such as Low Income Housing Tax Credits, or using grants or low-interest loans, developers are able to offer apartments near the fair market rent amounts⁷. In 2002, fair market rent for a 1-bedroom apartment ranged from \$343 to \$481, depending on location. This amount includes both rent and utilities.

The primary approach to constructing quality affordable assisted living programs, while keeping rents affordable, is to reduce the financing costs. A typical market rate program has a mortgage of 70 to 90 percent of the total development cost. Rents set at levels to cover the principle and interest payments are well above what is affordable to elders with incomes at or below 50 percent of area median income. Affordable assisted living developments must access a combination of grants, low-interest or forgivable loans and/or additional equity through the Low Income Housing Tax Credit program to reduce the conventional mortgage to 50 percent or below of total development cost.

⁶ Most of the funding programs are highly competitive and the requests for funds greatly exceed the amount of monies available.

⁷ Established annually by U.S. Department of Housing and Urban Development.

Because of funding limits per project, usually more than one source of development subsidy is needed to make the project affordable. By layering subsidies, the developer must also blend together regulatory requirements of several programs, making the development and operations more complex. Subsidized housing programs establish income limits for tenants, most commonly at 40, 50 or 60 percent of area median income.

Regardless of what source of funding that a developer would choose, when building an assisted living program for low-income elderly, consideration is given from start to finish on how to control the construction costs, how to construct a property that can be operated economically for 30 to 50 years, and what will meet the needs of the surrounding community.

Control Operational Costs

When building a property with the purpose of serving low-income elders, consideration is also given during the planning process on how to control operational costs. Medicaid elderly waiver has a funding cap of \$1052 per month.⁸ While this amount provides significant savings over a nursing facility average monthly payment of \$2903 for the Medicaid program, it comes nowhere close to covering the costs of around-the-clock supervision and delivery of unscheduled care provided by unlicensed personnel in an assisted living program.

Through the planning process, developers look at ways to reduce overall staffing costs. An example is to add additional firewalls so that fewer tenants have to be moved to a place of safety during a fire evacuation therefore reducing the number of staff needed in a building. Construction techniques are also used to improve the energy efficiency of a building.

Further, the developer looks for partnerships to access additional funding sources beyond Medicaid waiver. By partnering with a Medicare and Medicaid certified home health agency, the tenant is able to access Medicare and Medicaid home care benefits, and state-funded In-Home Health Related Care.

Even though there are sources of payment for the health-related services in an assisted living property, there are few sources of payment for the operational costs associated with the social aspects of assisted living. The additional services – referred to most commonly as board – such as activities, meals, and emergency response help prevent tenants from developing conditions that would lead to placement in an institutional setting. Reducing social isolation and depression, and providing adequate nutrition and hydration benefit the elderly and disabled individuals who reside there. The costs of most board services are the responsibility of the tenant. Even with the Medicaid waiver payment, when coupled with the cost of rent, the resulting monthly fees can, and often do, exceed the income of a low-income senior or disabled person.

⁸ The Department of Human Services has six home and community-based waivers, with funding caps ranging from \$621 to \$3311. Each waiver provides consumer-directed attendant care services. Although the caps for the mental retardation, brain injury and AIDS/HIV waivers are higher than the remaining three waivers, the costs of institutional care for these populations are also higher than a nursing facility.

In a demonstration project in Iowa City, Emerson Point's commercial kitchen and expanded dining room will be used as a congregate meal site. Food will be served to the tenants of the assisted living program and seniors from the surrounding community. Iowa City will now have two congregate meal sites to meet a growing demand, and meals will be available seven days a week, compared with five days a week in a traditional congregate mealsite. The mealsite will be managed by the Heritage Area Agency on Aging and funded, in part, using Older Americans Act dollars. This is a creative way of reducing the board costs for tenants, but it is not a broad solution as Area Agencies on Aging struggle with the increasing costs of community-based nutrition programs.

How the Medicaid Home and Community-based Waiver Applies to Assisted Living

Within the Medicaid program, Home and Community-based waivers are used to keep eligible people out of institutions. The State must be able to show that these services do not cost the Medicaid program more than providing care in an institution.

If the State can demonstrate this for a specified population, the federal government may agree to waive some federal requirements for eligibility and amount, duration, and scope of services. Thus, these programs are referred to as Medicaid "waivers."

To be eligible, a consumer must meet various requirements. These include requiring the level of care otherwise provided in an institution, and requiring and receiving at least one home and community-based service quarterly. The consumer chooses to receive services at home. Enrolled consumers are eligible to receive regular Medicaid services. Iowa currently has the following Medicaid waivers: ill and handicapped, mental retardation, elderly, AIDs/HIV, brain injury, and physical disability.

Department of Human Services has a contract with the Iowa Foundation for Medical Care (IFMC) to determine whether the consumer meets the level of care requirement for waiver eligibility. Two different levels of care are evaluated: nursing or skilled. "Nursing" level of care is defined as, "The client requires daily supervision with dressing, grooming, and personal hygiene in conjunction with another daily care need; and/or the client requires limited, extensive or total physical assistance to perform dressing, grooming and personal hygiene." An assisted living program, by rule, can provide part-time or intermittent care. Tenants of an assisted living program can receive up to 28 hours per week of assistance with medications and activities of daily living, and licensed nursing services or professional therapies. Licensed nursing services cannot exceed five days a week or to treat a temporary condition, exceed 21 days in a row.

"Skilled" level of care is defined as, "The client must require skilled nursing services or skilled rehabilitation services; and/or the client must require and receive those skilled services on a daily basis. Nursing services must be provided seven days per week. Therapy services must be provided at a minimum of five days weekly. A combination of therapy and nursing services must be given seven days per week to meet this requirement." An assisted living program cannot provide services at the skilled level.

There has been confusion recently on how individuals who are eligible for “nursing level of care” could receive that level of care in an assisted living program. The confusion lies in how different state agencies use the term. The Department of Human Services uses “nursing” to determine the level of service that a client is eligible to receive, while Department of Inspections and Appeals uses the terms to specify a licensed level of care that is delivered by a nursing facility.

The most commonly used waiver services in assisted living are “consumer-directed attendant care,” also known by the acronym CDAC, and home-delivered meals. CDAC services are service activities performed by a person to help a consumer with self-care tasks that the consumer would typically do independently if the consumer were otherwise able. The consumer or their legal representative is responsible for selecting the person or agency that will provide the services. Examples of CDAC services commonly provided are assistance with dressing, bathing, grooming, housekeeping, and medication administration.

To provide home-delivered meals, the assisted living program must enroll as a provider of this service. If the consumer’s preference is to be served in the common dining room, the meal can be provided at that location. The HCBS waiver can pay for two meals per day/seven days per week.

The combination of all elderly waiver services, including CDAC personal care services and home-delivered meals, cannot exceed \$1052 per month. Since this maximum was set in July 2000, consideration should be given to increase the monthly maximum on an annual basis. Without regular increases in funding, existing providers of Medicaid waiver services may no longer be able to afford the staffing costs associated with provision of services.

What the Legislature can do to Support the Growth of Affordable Assisted Living

- Encourage the preservation, renovation and refinancing of existing affordable and publicly subsidized housing projects and support their potential conversion to service-enriched housing for the elderly and disabled individuals.
- Commit to continue funding of home and community-based services through the Medicaid waiver program. Increase the monthly maximum limits for Medicaid waiver to reflect increases in staffing costs needed to deliver services. Identify opportunities to increase the funding available for home and community-based programming in the areas of housing, nutrition and services, thereby reducing the State’s reliance on institutional-based care. Increase funding of the case management program through the Area Agencies on Aging.
- Give funding preference to flexible programs that can be tailored to meet the needs of the individuals in the community. Application and reporting requirements should be simplified and standardized across multiple programs.

- **Establish a demonstration project to create a certification category for a Medicaid-certified health care organization to be the certified assisted living provider in publicly subsidized housing. Publicly subsidized housing already complies with Federal, State and local landlord-tenant laws and life safety codes. Under current law, the housing owner is responsible under their assisted living certificate for the actions of the health care organization. It seems reasonable for the organization that is providing the personal and health care services to hold the assisted living certificate.**

Housing for Persons with Disabilities State Action Plan: Priority Activities

7/21/04

Opportunity to Overcome Barriers	Activity	Progress Status	Time Frame	Key Partners	Critical Next Step	Lead Organization
<p><i>Empowerment/Consumer Education</i></p> <p>Advocate with Public Housing Authorities (PHAs) for use of Housing Choice vouchers for homeownership</p>	<p>Provide technical assistance; initiate a coordinated effort</p>	<p>Completed survey of Section 8 usage for people with disabilities; presented findings to NAHRO; NAHRO appointed Marcy Connor as official contact</p>	<p>Long</p>	<p>IFA, HUD, National Association of Housing Rehabilitation Organizations (NAHRO), consumers, Governor's Developmental Disabilities (DD) Council, centers for independent living (CIL)</p>	<p>Identify the PHA process and perceived barriers</p>	<p>IFA</p>
<p>Advise Iowa Finance Authority (IFA) on Qualified Allocation Plan (QAP)</p>	<p>Prioritize needs and report to IFA as recommendation</p>	<p>Completed (May 2003)</p>	<p>Short</p>	<p>Kris Clements (John Lewis Coffee Shop), consumers, IFA, Jane Gay, Jill Avery (Department of Human Rights Division of Persons with Disabilities)</p>	<p>Facilitate meeting</p>	<p>Jill Avery - Department of Human Rights Division of Persons with Disabilities</p>

Housing for Persons with Disabilities State Action Plan: Priority Activities

Opportunity to Overcome Barriers	Activity	Progress Status	Time Frame	Key Partners	Critical Next Step	Lead Organization
Provide Consumer and Community Education, especially regarding the rights of tenants with disabilities	Coordinate and make information available to tenants and landlords; provide information on tenant associations	A program entitled, "Expanding the Dream – Providing the Tools to Ensure Sufficient Accessible Housing in Iowa" was held from June through September, 2003 in the following Iowa communities: Iowa City, Cedar Rapids, Des Moines, Oskaloosa, Davenport, Fort Dodge, Mason City, Council Bluffs, Sioux City, and Waterloo. Additional programs for landlords and housing providers were offered in the same communities. Completed.	Short (ongoing and underway)	Iowa Civil Rights Commission (ICRC), Attorney General's Office, Legal Aid of Iowa, Center for Disabilities and Development (CDD), Iowa Program for Assistive Technology (IPAT), CIL, community action programs (CAPs), Area Agencies on Aging (AAAs), tenant associations, Olmstead Real Choices Consumer Task Force	Being accomplished by ICRC through HUD fair housing grant	ICRC
<i>Affordable Rental Options</i>	Fund construction cost (gap) and rent assistance (question of continued funding for future)	Rules filed; effective date of final rules is 12/31/03; application for funding for local housing trust funds available	Ongoing	IFA, legislators, Governor, private foundations, national organizations	Determine renewable source of revenue; draft rules	IFA
Establish State Housing Trust Fund	Fund construction cost (gap) and rent assistance (question of continued funding for future)	Rules filed; effective date of final rules is 12/31/03; application for funding for local housing trust funds available	Ongoing	IFA, legislators, Governor, private foundations, national organizations	Determine renewable source of revenue; draft rules	IFA
Utilize low income housing tax credit (LIHTC) program to add additional units	Modify QAP; establish set-aside, definitions, assign points	Added 30% set-aside for service-enriched housing to 2004 QAP. Completed.	Short	IFA, LIHTC Advisory Council; Olmstead	2004 QAP amendments	IFA

Housing for Persons with Disabilities State Action Plan: Priority Activities

Opportunity to Overcome Barriers	Activity	Progress Status	Time Frame	Key Partners	Critical Next Step	Lead Organization
<p>Improve access to and knowledge of existing independent living units</p>	<p>Establish a centralized searchable database or website for all types of housing; find ongoing source to fund database management</p>	<p>IFA applied for CMS Real Choice Systems Change grant to fund development of an accessible housing search website. Grant decision 10/04.</p>	<p>Intermediate</p>	<p>Landlords, government agencies (IFA, HUD, USDA-RD), information technology (IT) department</p>	<p>Evaluate use of Iowa Access</p>	<p>IFA</p>
<p>Homeownership Lenders in some areas are slow to adapt to innovative financing tools, such as housing choice vouchers; loan servicing is more complicated; need for down payment assistance</p>	<p>Incorporate Section 8 vouchers into existing mortgage lending programs; More PHAs; More Servicers for FirstHome</p>	<p>Completed for government (FHA, VA) and USDA-RD loans. PHAs and lenders notified 05/2003.</p>	<p>Short</p>	<p>IFA, HUD, Fannie Mae, PHAs</p>	<p>Work with master servicer to allow use of Section 8 for FirstHome loans</p>	<p>IFA</p>
<p>Fannie Mae's "Home of Your Own" program allows people at 40 to 50 percent area median income (AMI) and 97 to 100 percent loan-to-value (LTV)</p>	<p>Implement "Home of Your Own" program in Iowa</p>	<p>Completed: "Financial services for people with disabilities" is in place and available statewide through Commercial Federal Bank; includes HomeChoice mortgage program and other mortgage products & financial services</p>	<p>Short</p>	<p>Fannie Mae, Lender Partners Homebuilders Association, Olmstead Real Choices Consumer Task Force, IHOEP</p>	<p>Form Fannie Mae "Iowa Home of Your Own" statewide council</p>	<p>Fannie Mae</p>

Housing for Persons with Disabilities State Action Plan: Priority Activities

7/21/04

Opportunity to Overcome Barriers	Activity	Progress Status	Time Frame	Key Partners	Critical Next Step	Lead Organization
<p><i>Building Relationships Between Housing Agencies and Service Agencies</i></p> <p>Raise awareness for all providers, housing entities, consumer groups on Olmstead implementation and housing priorities</p>	<p>Deliver a "road show" on Olmstead to raise awareness of needs of people with disabilities; resources available</p>	<p>Olmstead presentation designed and being used by Taskforce members at state meetings and conferences.</p>	<p>Intermediate</p>	<p>DHS; Olmstead Real Choices Consumer Task Force</p>	<p>Identify list of places/groups to present information to is being compiled and addressed by Olmstead Taskforce</p>	<p>DHS; Olmstead Real Choices Consumer Task Force</p>
<p>Build new and strengthen existing relationships</p>	<p>Replicate housing summit model at the regional and local levels</p>	<p>Held Midwest Regional Housing Forum in Des Moines (09/03) with 6 Midwestern states</p>	<p>Long</p>	<p>All state agencies covered under Executive Order 27, Olmstead Real Choices Consumer Task Force, neighborhood associations, providers, and trade associations</p>	<p>Determine key topics based on audience</p>	<p>DHS; Olmstead Real Choices Consumer Task Force</p>
<p>Create incentives and directives for collaboration</p>	<p>Identify specific incentives and directives to promote collaboration that leads to increased availability of housing for people with disabilities</p>	<p>IFA meet quarterly with key leadership from DHS to discuss priority activities; IFA and DHS collaborated on the submission of the CMS Real Choice Systems Change grant application. IFA presented at conference for Targeted Case Management on combining housing with services</p>	<p>Intermediate</p>	<p>PHAs, IFA, county government, DHS, IDEED</p>	<p>Review existing programs and policies for changes and additions to create more housing availability</p>	<p>PHAs, IFA, county government, DHS, IDEED</p>

Housing for Persons with Disabilities State Action Plan: Priority Activities

Opportunity to Overcome Barriers	Activity	Progress Status	Time Frame	Key Partners	Critical Next Step	Lead Organization
<p><i>Universal Design (UD)/Accessibility/Home Modifications</i></p> <p>Provide awareness and training activities about UD (definitions, benefits, comparison to accessibility/visit-ability) to builders, landlords, realtors, public, architects, Iowa Legislature, Governor's Office</p>	<p>1. Increase new housing stock (single- and multifamily) being requested and built</p> <p>2. Build partnerships for code changes, tax credits, etc.</p>	<p>CAPS training provided 2 times in Iowa and discussions under way about ICN program in Spring 2004. ADAAG training relating to new building code was conducted on limited basis in state. Discussion of ICN program underway. A consumer booklet has been identified for possible replication in media campaign.</p>	Intermediate	<p>IPAT, Olmstead Real Choices Consumer Task Force, state associations and licensing boards, AARP, media</p>	<p>Contact architects' association to develop plan for conducting CEU on UD</p>	<p>Olmstead Real Choices Consumer Task Force</p>
<p>Establish a "visit-ability" code (SF 253) for all publicly funded housing in Iowa with fewer than three units</p>	<p>1. Increase the number of new housing units that are easily adapted for minimal accessibility.</p> <p>2. Build partnerships for code changes and implementation.</p>	<p>Bill to be submitted for 2004 Legislative Session; proposed language written by University of Iowa College of Law/IPAT.</p>	Ongoing	<p>Iowa Department of Public Safety, Olmstead Real Choices Consumer Task Force, Homebuilders Association of Iowa, Iowa Association of Building Officials, Iowa chapter of the American Institute of Architects, AT Legal Project/UI/IPAT</p>	<p>Organize a meeting of key players to identify options and concerns.</p>	<p>Iowa Department of Public Safety (Building Code Commissioner, Fire Marshal) and Olmstead Real Choices Consumer Task Force</p>

Housing for Persons with Disabilities State Action Plan: Priority Activities

Opportunity to Overcome Barriers	Activity	Progress Status	Time Frame	Key Partners	Critical Next Step	Lead Organization
<p><i>Universal Design (UD)/Accessibility/Home Modifications</i></p> <p>Provide awareness and training activities about UD (definitions, benefits, comparison to accessibility/visit-ability) to builders, landlords, realtors, public, architects, Iowa Legislature, Governor's Office</p>	<ol style="list-style-type: none"> Increase new housing stock (single- and multifamily) being requested and built Build partnerships for code changes, tax credits, etc. 	<p>CAPS training provided 2 times in Iowa and discussions under way about ICN program in Spring 2004. ADAAG training relating to new building code was conducted on limited basis in state. Discussion of ICN program underway. A consumer booklet has been identified for possible replication in media campaign.</p>	Intermediate	IPAT, Olmstead Real Choices Consumer Task Force, state associations and licensing boards, AARP, media	Contact architects' association to develop plan for conducting CEU on UD	Olmstead Real Choices Consumer Task Force
<p>Establish a "visit-ability" code (SF 253) for all publicly funded housing in Iowa with fewer than three units</p>	<ol style="list-style-type: none"> Increase the number of new housing units that are easily adapted for minimal accessibility. Build partnerships for code changes and implementation. 	<p>Bill to be submitted for 2004 Legislative Session; proposed language written by University of Iowa College of Law/IPAT.</p>	Ongoing	Iowa Department of Public Safety, Olmstead Real Choices Consumer Task Force, Homebuilders Association of Iowa, Building Officials, Iowa chapter of the American Institute of Architects, AT Legal Project/UI/IPAT	Organize a meeting of key players to identify options and concerns.	Iowa Department of Public Safety (Building Code Commissioner, Fire Marshal) and Olmstead Real Choices Consumer Task Force

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Promote reverse mortgages as a safe and effective means to fund home modifications	<ol style="list-style-type: none"> Increase old housing stock that is made accessible. Increase the number of persons who can stay in their own homes. 	<p>Provided info on reverse mortgage as a housing strategy to support community living during Rebalancing Long Term Care Town Meeting (11/03)</p> <p>Included additional points in 2003 QAP under construction characteristics; removed following public comment that definitions need refinement; will reconsider in 2004 QAP</p>	Intermediate	Fannie Mae, Olmstead Real Choices Consumer Task Force, state associations and agencies	Identify existing materials or develop new media releases	Fannie Mae, Olmstead Real Choices Consumer Task Force
Prioritize UD and accessibility in public housing program by giving significant additional scoring points for projects that have UD in all units/common areas and/or more than the required number of accessible units OR requiring UD in all units/common areas	Increase the number of new housing stock that is accessible or easily adapted	Included additional points in 2003 QAP under construction characteristics; removed following public comment that definitions need refinement; will reconsider in 2004 QAP	Ongoing	IFA, community builders, owners, projects	Solicit and evaluate input on Qualified Allocation Plan for tax credit program	IFA
Prioritize use of preservation loans to retro-fit "opt-out" buildings by giving significant additional scoring points for this type of project that would use UD in all units/common areas, make accessible units and/or make more than the required number of accessible units	Increase affordable older housing stock modified for accessibility	Included additional points in 2003 QAP under construction characteristics; removed following public comment that definitions need refinement; will reconsider in 2004 QAP	Ongoing	IFA, community builders, owners, projects	Solicit and evaluate input on Qualified Allocation Plan for tax credit program	IFA

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7/21/04

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<p>Identify and eliminate barriers to broader use of community development block grant (CDBG) funds for accessible housing or home modifications for renters, landlords and homeowners</p>	<ol style="list-style-type: none"> 1. Increase the number of accessible housing units. 2. Increase use of CDBG funds to modify housing units for accessibility. 3. Reduce the barriers to using CDBG funds to modify housing for accessibility. 	<p>Assistive technology legal project staff & students (University of Iowa) have reviewed the regulations and are providing technical assistance and local training sessions for consumers, service providers, housing developers, centers for independent living, and local government staff.</p>	<p>Ongoing</p>	<p>AT Legal Project/UI, Iowa Program for Assistive Technology, Iowa Olmstead Real Choices Consumer Task Force, IDEED, state/federal agencies as identified, landlord associations, consumer organizations</p>	<p>Provide training to grantees and interested parties</p>	<p>Assistive Technology Legal Project (UI); Iowa Program for Assistive Technology</p>